C252

WELL COMPLETION REPORT 3/71

PUTNAM COUNTY DEPARTMENT OF HEALTH

Division of Environmental Health Services COUNTY OFFICE BUILDING - CARMEL, NEW YORK

This report is to be completed by well driller and submitted to County Health Department together with laboratory report of analysis of water sample indicating water is of satisfactory bacterial quality before certificate of construction compliance is issued.

REPORT MUST BE SUBMITTED WITHIN 30 DAYS OF WELL COMPLETION NAME ADDRESS OWNER LOCATION OF WELL BUSINESS DOMESTIC PROPOSED ESTABLISHMENT TEST WELL USE OF PUBLIC WELL AIR OTHER SUPPLY INDUSTRIAL CONDITIONING (Specify) DRILLING COMPRESSED CABLE PERCUSSION POTARY OTHER (Specify) EQUIPMENT AIR PERCUSSION LENGTH (feet) DIAMETER (INCORN) WEIGHT PER FOOT CASING DRIVE SHOE DETAILS THREADED WELDED YES YIELD HOURS G.P.M. YIELD (G.P.M.) X BAILED TEST PUMPED COMPRESSED AIR MEASURE FROM LAND SURFACE - STATIC (Specify feet) DURING YIELD TEST (feet) WATER Depth of Campleted Well LEVEL 300 in feet below Land surface: LENGTH OPEN TO AQUIFER (feet) SCREEN SLOT SIZE DIAMETER (Inches) DETAILS GRAVEL SIZE (Inches) FROM (feet) TO (feat) IF GRAVEL Diameter of well including PACKED: gravel pack (Inches): DEFTH FROM LAND SURFACE Sketch exact location of well with distances, to at least two permanent landmarks. FORMATION DESCRIPTION FEET to FEET If yield was tested at different depths during drilling, list below FEET GALLONS PER MINUTE DATE WELL COMPLETED DATE OF REPORT WELL DRILLER (Signature)